

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CARE FINANCING AND POLICY

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Uncompensated Care Cost Report (UCCR) v20151204.02 Instructions

The Uncompensated Care Cost Report (UCCR) v20151204.02 for SFY 2017 Disproportionate Share Hospital (DSH) supplemental payment program eligibility is available for download at:

http://dhcfp.nv.gov/Resources/Rates/RatesSupplementalPymtDSHELIG/

Uncomp Care Costs tab:

Enter hospital name in cell B1:

4	Α	В	C	D	Е	
1	Hospital:	•				
۷						
3	State of Nevada					
4	Department of Health and Human Services					
5	Division of Health Care Financing and Policy				For SFY 2017 DSH calculations	
6	Total Uncompensated Care Cost Report v20151204.02				Period: 7/1/2014 to 6/30/2015	
7						
	Line #		Cost of Care			
9	1	1	Total Inpatient Nevada FFS Medicaid Cost of Care		\$ -	USE CRS I
10		2	Total Outpatient Nevada FFS Medicaid Cost of Care		\$ -	USE CRS I
11	3 Total Inpatient Nevada Managed Care Medicaid Cost of Care		e	\$ -	USE MCO	
12	A Total Outpationt Navada Managed Care Medicaid Cost of Care		250	c	LICE MCO	

This will carry the name forward into the other tabs in the workbook.

Line 14: Enter total amount of actual payment received on *Inpatient (IP) Nevada Fee-For-Service* (FFS) Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 15: Enter total amount of actual payment received on *Outpatient (OP) Nevada FFS* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 16: Enter total amount of actual payment received on *IP Nevada Managed Care* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 17: Enter total amount of actual payment received on *OP Nevada Managed Care* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 18: Enter total amount of actual payment received for *Nevada Medicaid supplemental payments* based on claims with service dates of 7/1/2014 to 6/30/2015.

Line 19: Enter total amount of actual payment received on *IP Out of State* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 20: Enter total amount of actual payment received on *OP Out of State* Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 21: Enter total amount of actual payment received for *Medicaid supplemental payments from other states* based on claims with service dates of 7/1/2014 to 6/30/2015.

Line 22: Enter total amount of actual payment received on *IP Dual Eligible* Medicare/Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 23: Enter total amount of actual payment received on *OP Dual Eligible* Medicare/Medicaid claims with service dates of 7/1/2014 to 6/30/2015.

Line 25: Enter total amount of actual applicable *Section 1011 payments* received between 7/1/2014 to 6/30/2015 (cash basis).

Line 26: Enter total amount of actual payment received between 7/1/2014 to 6/30/2015 for *Uninsured IP* services (cash basis).

Line 27: Enter total amount of actual payment received between 7/1/2014 to 6/30/2015 for *Uninsured OP* services (cash basis).

Line 28: Enter total amount of actual *Non-Indigent Cash Subsidies* received on Uninsured patients between 7/1/2014 to 6/30/2015 (cash basis).

Line 29: Enter total amount of actual *Medicaid DSH payments received from other states* between 7/1/2014 to 6/30/2015 (cash basis).

Line 35: Enter the hospital's *Net Patient Revenue* from *Worksheet G-3 Line 3* for the period of 7/1/2014 to 6/30/2015. If multiple Cost Report periods are required to cover the 7/1/2014 to 6/30/2015 date range, prorate the reported *Net Patient Revenue* (based on applicable days) from each Cost Report period to arrive at a total *Net Patient Revenue* applicable to only 7/1/2014 to 6/30/2015. *Do not include off-site clinics, nor subproviders with their own Provider IDs.*

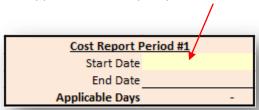
Note:

For lines 14, 15, 16, 17, 22 and 23: <u>If sources other than DHCFP-provided CRS/MCO reports are used</u> to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.

For lines 19, 20, 21, 25, 26, 27, 28 and 29: Backup to support the reported totals must accompany the UCCR submission.

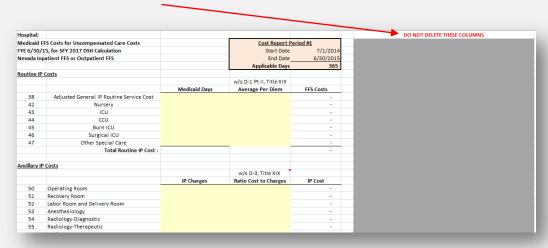
FFS tab:

Enter the start date for the first applicable Cost Report period in cell E3:

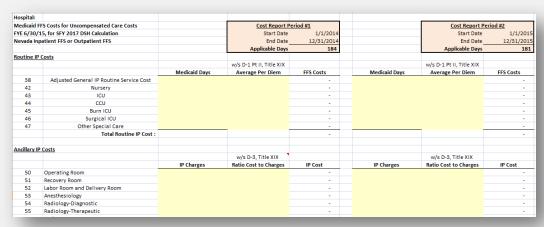


Note:

If the Cost Report period is 7/1/2014 through 6/30/2015, only one Cost Report period is required to complete the UCCR. **Please** <u>do not</u> <u>delete</u> <u>columns</u> **G** through **I**, even if they remain unused.



If the Cost Report period is anything other than 7/1/2014 through 6/30/2015, the worksheet will open up columns G through I of the FFS, Managed Care, Out of State, Dual Eligible, and Uninsured tabs, as two periods will be necessary to cover the 7/1/2014 to 6/30/2015 date range required for the UCCR. Verify the calculated Cost Report Period end dates are correct before proceeding. The workbook will automatically prorate the calculated costs for each period — enter full year information for each period.



Routine IP Costs: For each category of Per Diem, enter the total *IP FFS* Medicaid days in *Column C* and the Average Per Diem from *Worksheet D-1 Part II, Title XIX* in *Column D* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP FFS* Medicaid claims and the Cost to Charge Ratio from *Worksheet D-3, Title XIX* in *Column D* for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP FFS* Medicaid claims and the Cost to Charge Ratio from *Worksheet D-3, Title XIX* in *Column D* for each applicable Cost Report Period.

Note:

If Worksheet D-3, Title XIX is unavailable, use Worksheet C Part I, Title XIX.

For Fee-For-Service Routine IP, Ancillary IP and Ancillary OP Costs: If sources other than DHCFP-provided CRS reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.

Managed Care tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Managed Care* Medicaid days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Managed Care* Medicaid claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Managed Care* Medicaid claims for each applicable Cost Report Period.

Note:

The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Managed Care** tab.

For Managed Care Routine IP, Ancillary IP and Ancillary OP Costs: If sources other than DHCFP-provided MCO reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.

Out of State tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Out of State* Medicaid days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Out of State* Medicaid claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Out of State* Medicaid claims for each applicable Cost Report Period.

Note:

The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Out of State** tab.

For Out of State Routine IP, Ancillary IP and Ancillary OP Costs: Backup to support the reported totals must accompany the UCCR submission.

Dual Eligible tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Dual Eligible* Medicare/Medicaid days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Dual Eligible* Medicare/Medicaid claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Dual Eligible* Medicare/Medicaid claims for each applicable Cost Report Period.

Note:

The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Dual Eligible** tab.

For Dual Eligible Routine IP, Ancillary IP and Ancillary OP Costs: If sources other than DHCFP-provided CRS reports are used to arrive at the reported numbers, backup to support the reported totals must accompany the UCCR submission.

Uninsured tab:

Routine IP Costs: For each category of Per Diem, enter the total *IP Uninsured* days in *Column C* for each applicable Cost Report Period.

Ancillary IP Costs: For each category of Ancillary IP Cost, enter the total charges in *Column C* for *IP Uninsured* claims for each applicable Cost Report Period.

Ancillary OP Costs: For each category of Ancillary OP Cost, enter the total charges in *Column C* for *OP Uninsured* claims for each applicable Cost Report Period.

Note:

The Average Per Diem rates and the Cost to Charge Ratios from the FFS tab will carry over into the **Uninsured** tab.

For Uninsured Routine IP, Ancillary IP and Ancillary OP Costs: Backup to support the reported totals must accompany the UCCR submission.

UCCR Submission:

Prior to submitting a completed UCCR, verify all information entered. Also verify that the calculated costs from the *FFS, Managed Care, Out of State, Dual Eligible*, and *Uninsured* tabs carried over to the *Uncomp Care Costs* tab (Lines 1, 2, 3, 4, 5, 6, 7, 8, 10 and 11) and that the calculated *Uncompensated Care Cost Percentage* (Line 36) appears reasonable.

The following should be placed in a password-protected zip file for upload to the DHCFP secure FTP:

- 1. The completed Excel version of the UCCR
- 2. A signed and scanned copy of the *Uncomp Care Costs* tab of the completed UCCR
- 3. All required backup to support the reported totals in the UCCR

After uploading the zip file, an email should be sent to steven.hughey@dhcfp.nv.gov and patricia.oflinn@dhcfp.nv.gov containing the password for the zip file and the name, email address and phone number of the hospital's primary contact should a DHCFP reviewer have any questions or need additional backup.

Note:

DHCFP Secure FTP: https://mmft.nv.gov

Additional information regarding the SFY 2017 Disproportionate Share Hospital supplemental payment program is available online at: http://dhcfp.nv.gov/Resources/Rates/RatesSupplementalPymtDSHELIG/